UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No. 020.0342.US.CON

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, Gust H. Bardy, entitled System And Method For Diagnosing And Monitoring Outcomes Of Atrial Fibrillation For Automated Remote Patient Care, for a(n):

()	Original Patent App	lication.				
(X)	(X) Continuat of prior ap of U.S. Pa	oplication No: <u>10/152,</u> atent No. 6,411,840, iss	nal () Continuation () () () () () () () () () () () () ()	continuation		22895 PATENT TRADEMARK OFF
Encl	(X) Oath or D (X) A Nev (X) S () A Cop () Is oa () S (X) Formal D () Associate () Prelimina (X) A Duplica (X) Fee Trans () Applicant	Signed. by from a Prior Application by Refere that or declaration is supplication and is hereby Signed Statement Deletion are the Power of Attorney. Ty Amendment.	d Declaration and Power of () Unsigned. tion for Continuation/Division. The entire disclosure of pplied, is considered as being incorporated herein by refung Inventor(s) Named in the ter. (X) Return (X) A Check (X) Inform for Processing Fee Against Intus.	() Partiall tonal (37 CFR § of the prior appling part of the diserence. Prior Applicate Receipt Postcack of \$ 1,032.0 ation Disclosur	y Signed. § 1.63(d)). ication, from w sclosure of the tion. (37 CFR ard. 0 for the Filin e Statement an	accompanying § 163(d)(2)).
			CLAIMS AS FILE			
	FOR	NO. FILED	NO. EXTRA	RA	ATE	FEE

		CLAIMS AS FILED		
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	31	11	\$18.00	\$ 198.00
Independent Claims	4	1	\$84.00	\$ 84.00
Multiple Dependent Clai	\$0.00			
Assignment Recording F				\$0.00
Basic Filing Fee			·	\$750.00
Dasie I ming I ce			Total Filing Fee	\$1,032.00

Charge \$ to I application, please charge any	Deposit Account <u>50</u> fees required or credi	01144 lit any ov	pursuant to 37 CFR § 1.25. verpayment to this Deposit A	At any time during the pendency of this account.

ney of Record Reg. No. 40297

Date: August 22, 2003

Respectfully submitte

Correspondence Address:

Law Offices of Patrick J.S. Inouye 810 Third Avenue Suite 258

Seattle, WA 98104 Phone: (206) 381-3900 Fax: (206) 381-3999

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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Date of Deposit: August 22, 2003



Approved for use through 04/30/2003. OMB 0651-0032
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020.0342.US.CON

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Attorney Docket No.

		Complete if Known	_
FEE TRANSMITTAL	Application Number	Unassigned	_
	Filing Date	August 22, 2003	_
for FY 2003	First Named Inventor	Bardy	_
	Examiner Name	Unassigned	
Effective 01/01/2003. Patent fees are subject to annual revision.	Art Unit	Unassigned	

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1.032 Attorney Docket No. 020.0342.US.CON												
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)							
X Check Credit card Money Other None				3. ADDITIONAL FEES								
						Fntitv Fee		Fntity Fee		Fee Paid		
Deposit Account -				Code	(\$)	Code	(S)	Fee Description	7007 233			
Deposit Account 501144				1051	130	2051	. 65	Surcharge – late filing fee or oath				
Number Deposit Account Law Offices of Patrick J.S. Inouye		1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet						
Name The Com	missi	oner is	author	rized to: (che	ck all tha	t apply)	1053	130	1053	130	Non-English specification	
) indicate			ny overpay		1812	2.520	1812	2.520	For filing a request for ex parte reexamination	
X Chan	ge any	additional	fee(s) di	uring the pender	ncy of this	application	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
				, except for the fi	iling fee		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
TO III IO BLOVE	o the above-identified deposit account. FEE CALCULATION 1251 110 22					2251	55	Extension for reply within first month				
1. BASI	C FII	ING F	FF				1252	410	2252	205	Extension for reply within second month	
Large En	- 1	Small E					1253	930	2253	465	Extension for reply within third month	
Fee F	ee	Fee	Fee	Fee Descri	ption	Fee Paid	1254	1,450	2254	725	Extension for reply within fourth month	
	\$) 750	Code 2001	(\$) 375	Utility filing fe	r	750	1255	1,970	2255	985	Extension for reply within fifth month	
	330	2001	165	Design filing	~ F		1401	320	2401	160	Notice of Appeal	
	520	2002	260	Plant filing fe			1402	320	2402	160	Filing a brief in support of an appeal	
	750	2004	375	Reissue filing			1403	280	2403	140	Request for oral hearing	
1005	160	2005	80	Provisional fili	·		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	•						1452	110	2452	55	Petition to revive – unavoidable	
				TOTAL (1)	(\$) 7		1453	1,300	2453	650	Petition to revive – unintentional	
2. EXT	RA CI	LAIM F	EES	FOR UTILIT		REISSUE	1501	1,300	2501	650	Utility issue fee (or reissue)	
			Extr		ee from below	Fee Paid	1502	470	2502	235	Design issue fee	
Total Clair		31 -20	·**= [11 x	18 =		1503	630	2503	315	Plant issue fee	
Independe Claims	ent [4 - 3	**=	1 X	84 =	84	1460	130	1460	130	Petitions to the Commissioner	
Multiple D	epend	ent			=		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large En	itity	Small I	Entity				1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee F	ee \$)	Fee Code	Fee (\$)	Fee Descr	<u>iption</u>		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202	18	2202	9	Claims in exc	cess of 2	0	1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1201	84	2201	42	Independent	claims in	excess of 3	1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1203	280	2203	140	Multiple depe	ndent cla	m, if not paid	1801	750	2801	375	Request for Continued Examination (RCE)	
1204 84 2204 42 **Reissue independent claims over original patent		1802	900	1802	900	Request for expedited examination of a design application						
1205	18	2205	9	**Reissue cla and over or							•	
SUBTOTAL (2) (\$)282					Other fee (specify)							
					*Redu	ced by Ba	sic Filing	Fee Paid	SUBTOTAL (3) (\$)			

SUBMITTED BY	Complete (if	applicable)				
Name (Print/Type)	Patrick J.S. Inouvalle	Registration No. (Attorney/Agent)	40297		Telephone	(206) 381-3900
Signature	16 Are				Date	August 22, 2003

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